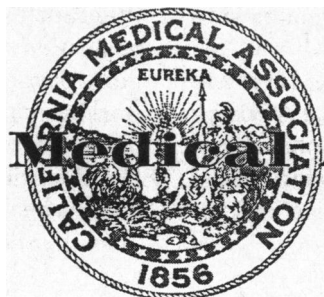


California Medical Association



NOTICES AND REPORTS

Council Meeting Minutes

536th Meeting

Tentative Draft: 536th Meeting of the Council, San Francisco, Hilton Inn, 26 August 1967.

The meeting was called to order by Chairman Miller at the Hilton Inn, on Saturday, 26 August 1967, at 9:30 a.m.

A quorum was present and acting (full roll call, including names of invited guests, appears in item 34).

1. Minutes for Approval

The minutes of the 534th and 535th Meetings of the Council, held 8 July and 2 August respectively, were approved as distributed.

JOHN G. MORRISON, M.D. President
MALCOLM C. TODD, M.D. President-Elect
WILLIAM F. QUINN, M.D. Speaker
JOSEPH F. BOYLE, M.D. Vice-Speaker
ALBERT G. MILLER, M.D. Chairman of the Council
HAROLD KAY, M.D. Vice-Chairman of the Council
HELEN B. WEYRAUCH, M.D. Secretary
DWIGHT L. WILBUR, M.D. Editor
ROBERT L. THOMAS Executive Director
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RICHARD W. LEMOS Sacramento Office
1127 11th St., Sacramento 95814 • 916 444-7496

2. California Medicine Appointments

On nominations duly made and seconded, the following were unanimously appointed to the positions shown (to become effective 1 January 1968):

Editor of CALIFORNIA MEDICINE: Malcolm S. M. Watts, M.D.

Associate Editor of CALIFORNIA MEDICINE: Lloyd H. Smith, Jr., M.D.

The nominating committee (composed of current Editor Dwight L. Wilbur, M.D. and the Committee for Emergency Action) was authorized to work out new financial arrangements for the appointees.

3. AMA Activities

In the absence of AMA President-Elect Dwight L. Wilbur and AMA Board member Burt L. Davis, Chairman Miller called on Mr. Jerry Gould of the AMA Field Service, to report on current AMA activities and concerns. Mr. Gould stated that the recent AMA Communications Institute had been most successful and expressed his pleasure at the CMA representation. Mr. Gould also commented briefly on the Senate Finance Committee hearings on H. R. 12080 (Social Security Amendments of 1967).

4. Report of the President

President Morrison previewed the meetings with Northern California society presidents to be held in conjunction with this meeting of the CMA Council.

Doctor Morrison also reported on the progress of the ad hoc Committee on Osteopathy recently

established by the Council. Another major subject which Doctor Morrison discussed was the Workmen's Compensation Fee Schedule. He stated that he had recently met with the Medical Advisory Committee to the Industrial Accident Commission. At this meeting, the concept of applying "usual and customary" fees was again discussed and received thoughtful consideration.

5. *CMERF Criteria for Acceptance of Funds*

On behalf of the Board of Directors of the California Medical Education and Research Foundation, President Morrison presented a "Statement on the Rationale and Criteria for Acceptance of Funds." There was some discussion regarding a possible addition to the statement which would indicate that CMERF would keep in mind the ultimate disposition of study results when accepting funds from outside sources. It was suggested that the statement be accepted, with the stipulation that CMERF would submit an additional statement at the next meeting of the Council.

ACTION: *Voted to accept CMERF Statement on "Rationale and Criteria for Acceptance of Funds" (appended) and to ask CMERF to submit an additional statement regarding disposition of studies financed by outside sources.*

6. *Report of the President-Elect*

President-Elect Todd reported on several meetings he had attended since the last meeting of the Council. He stated that his recent attendance at a Board meeting of the California Hospital Association served to reinforce his confidence in cooperative efforts by CHA and CMA. Doctor Todd also commented on the Annual Meeting of the Audio-Digest Foundation, stating that the organization continues to be a dynamic one of which CMA can be extremely proud. Regarding the AMA Communications Institute, Doctor Todd reported that both he and Doctor James MacLaggan had attended this meeting as well as the meeting of the Association of State Medical Association Presidents. He said that other states continue to look to California for leadership, especially regarding the complex problems posed by Title 19 of Medicare. The basic thread running throughout these meetings, said Doctor Todd, was the need for greater involvement and understanding on the part of the individual physician members.

7. *Committee on Committees' Recommendations*

On behalf of the Committee on Committees,

President-Elect Todd made a number of recommendations and stated that the Committee was most pleased to have Mrs. Betty Schallenberger working with it. Chairman Miller, on nominations presented by the Committee on Committees and the Council concurring, made the following appointments:

Task Force on P.L. 89-749—Malcolm C. Todd, M.D., Long Beach, chairman; James C. MacLaggan, M.D., San Diego; William F. Kaiser, M.D., Berkeley; Arthur F. Howard, M.D., Fresno; James C. Malcolm, M.D., Oakland; Albert G. Clark, M.D., San Francisco; Jean F. Crum, M.D., Downey; Frank C. Melone, M.D., Ontario; James H. Yant, M.D., Sacramento; and Stanley A. Skillicorn, M.D., San Jose.

The Council approved the recommendations that this Task Force be limited to ten persons and that at its first meeting, the group should define the scope of the Task Force and develop a budget.

Commission on Community Health Services—James H. Yant, M.D., Sacramento, as chairman (replacing Harold Kay, M.D., who resigned as chairman and as a member of the Commission).

Scientific Board—James L. Goebel, M.D., San Rafael, as a member (replacing Robert J. Prentiss, M.D.).

Committee on Nominations of the Scientific Board—Edmund L. Keeney, M.D., La Jolla, as a member (replacing Robert J. Prentiss, M.D.).

Ad hoc Committee to Study Standardization of Hospital Medical Records—Joseph W. Telford, M.D., San Diego (chairman); William L. Argo, M.D., Fresno; Arthur H. Rice, M.D., Berkeley; Albert E. Warrens, M.D., Chico.

Committee on Drugs and Subcommittee on Adverse Drug Reactions—Samuel Woolington, M.D., Long Beach, as a member.

Doctor Todd also recommended that the Council authorize President Morrison to invite presidents of component medical societies as well as presidents of districts of Los Angeles County Medical Association to attend, or submit the name of an alternate to attend, the Western Conference on Future Directions and Decisions in Medical Care, to be held in Chandler, Arizona, November 10 to 12, 1967.

ACTION: *Voted to approve the above request for authorization.*

The final recommendation of the Committee on Committees was that a letter from Lewis T. Bul-

lock, M.D., regarding health education in schools, be referred to the Committee on School and College Health. There was discussion, during which Doctor Bullock expressed his firm belief that CMA should do much more in the field of health education, and that the name of the committee charged with this responsibility should reflect its concern with health education.

ACTION: *Voted to refer Doctor Bullock's letter and thinking regarding an expanded CMA role in health education to the Committee on School and College Health.*

8. Medi-Cal Adjustments

Following discussion initiated by President Morrison regarding the need for CMA to issue a public statement regarding the proposed emergency regulations for the Medi-Cal program, the Council considered a statement embodying the following major points:

(a) The CMA accepts the appraisal and conclusions of the administrator of the Health and Welfare Agency in regard to the fiscal problems of the program.

(b) The CMA agrees that the proposed emergency regulations appear to be a feasible approach to the problem.

(c) CMA's fundamental concern is with the provision of quality medical care for all.

(d) The CMA pledges its cooperation with the state administration and the Health and Welfare administrator, to continue to provide the best care possible under the program.

ACTION: *Voted to authorize the Committee for Emergency Action to develop a public statement regarding current emergency measures to curtail Medi-Cal costs, using the above as guidelines.*

After the statement was adopted by the Council, Mr. Williams spoke briefly, expressing his appreciation for CMA cooperation and reassuring the Council that the administration would work to improve the program and protect the concept of mainstream care.

ACTION: *Voted to urge component medical societies to develop comprehensive and realistic review mechanisms that would contribute to the future fiscal soundness of the Medi-Cal program.*

9. UC Medical School at Davis

Dean John Tupper of UC Medical School at Davis reported on progress at his growing school, stating that its faculty now numbers 24 members.

Doctor Tupper introduced the school's recently appointed assistant dean and head of the Department of Pathology, Doctor Robert Stowell, formerly scientific director for the Armed Forces Institute of Pathology.

10. State Department of Public Health

Doctor Robert Day of the State Department of Public Health briefly discussed some developments regarding Public Law 89-749, stating that the California Conference of Local Health Officers would be holding a special meeting on the subject on 30 August.

Doctor Day also reminded the Council that a report from the Surgeon General on influenza had recently been issued. Doctor Day said that the report would seem to indicate that while there may be a major outbreak of influenza in the eastern part of the nation, California will probably not be affected to a great extent. However, he said, immunization is recommended for those in "high susceptibility" groups.

He also touched upon and praised the cooperative projects with several county medical societies to provide health services to agricultural migrants and their dependents.

Finally, Doctor Day pointed to recent developments regarding environmental health in the state. It was hoped, he said, that the creation of two new entities—an Air Resources Board and a Water Resources Board—would enable the state to take greater and better coordinated action in these areas.

11. State Department of Mental Hygiene

Doctor James V. Lowry, director of the State Department of Mental Hygiene, distributed to the Council a chart which showed that population in state hospitals for the mentally ill has dropped consistently since 1962. He pointed out that the state started this year with some 4,500 fewer patients than at the start of the 1965-66 year. Doctor Lowry stated that funds are available to maintain a staffing level proportionate to the level which existed in July 1966.

12. State Department of Social Welfare

Doctor John T. Skelly of the State Department of Social Welfare, described a "top priority" project aimed at getting as many people as possible off the welfare rolls and into employment. He said that increased attention will be given to medical evaluation for employability, naming four major

categories of employability. Doctor Skelly said that the success of the plan would depend in part on obtaining the services and advice of physicians who would conduct examinations similar to pre-placement physical examinations for industrial organizations. He said that the Department of Social Welfare seeks the cooperation and support of CMA, local medical societies, the State Department of Vocational Rehabilitation and the State Department of Employment in carrying out this project.

13. *State Department of Rehabilitation*

Doctor Richard Young of the State Department of Rehabilitation said it gave him great pleasure to announce that the Medical Advisory Committee to the Department is to be expanded and reactivated.

Doctor Young also reported on a regrouping of services in the U.S. Department of Health, Education and Welfare, in that the former head of the Vocational Rehabilitation Administration has been given a new job as administrator of the Social Rehabilitation Service Unit of HEW.

14. *Social Security Administration*

Mr. Thomas N. Saunders of the Bureau of Health Insurance, Social Security Administration, reported that a new policy decision now makes it possible for patients in extended care facilities to receive benefits of diagnostic services by independent laboratories under Medicare. Mr. Saunders also commented on the HEW meeting on Utilization Review in Hospitals and Extended Care Facilities, to be held 29 August in San Francisco. He stated that expenditures for extended care services under Medicare may be as much as 10 times the figure originally estimated and that this subject will receive special attention at the meeting.

15. *Assistant Surgeon General*

Doctor R. Leslie Smith, who was recently appointed Assistant Surgeon General for the U.S. Department of Health, Education and Welfare, reported that he had talked at length to the Medical Executives Conference regarding P.L. 89-749 the previous day. Doctor Smith said that he would make copies of his presentation available for distribution to the Council.

16. *California Nurses' Association*

Mrs. Helen Hancock, president, commented on

joint projects of CNA and CMA and introduced Edna J. Brandt, president-elect of the California Nurses' Association.

17. *California Medical Assistants Association*

Miss Helen Goldman, president of the CMAA, thanked CMA and AMA for their assistance in promoting the 11th Annual Convention of the American Association of Medical Assistants, to be held October 11 to 15 at the International Hotel in Los Angeles.

18. *Governor's Survey on Efficiency and Cost Control*

Doctor Carl E. Anderson, member of one of the teams which have been conducting the Governor's Survey on Efficiency and Cost Control, reported that his group, which has been evaluating the operations of the State Department of Public Health, had submitted its preliminary and unedited report. He said that the governor plans to release the reports early in October, if possible. Doctor Anderson expressed the hope that CMA would utilize the reports pertaining to medicine as a basis for in-depth discussion.

Doctor Anderson said he could not discuss the reports until their release, but he did want to make two points in relation to CMA activity in the area of public health. First, he stressed, CMA needs to establish more realistic and effective liaison with all segments of state government that influence medicine. Second, he said, that medicine needs to strengthen its image as the basic instrument which influences public health.

19. *Bureau of Research and Planning*

Bureau Chairman Carl Anderson directed the Council's attention to a written report reviewing current research activities. On behalf of the Bureau, he asked Council authorization to distribute the recently compiled "Reference Book on Selected Health Manpower Data" to component societies, medical schools and other organizations concerned with health manpower, continuing medical education and comprehensive health planning.

ACTION: *Voted to authorize distribution of the reference book as requested.*

20. *Finance Committee*

Finance Committee Chairman Harold Kay submitted for Council approval a clarification of the policy on honorariums for any CMA member under

exceptional circumstances. When approved, he said, the statement would be incorporated in a letter explaining CMA honorarium policy as well as procedures for preparation of expense vouchers.

ACTION: *Voted to approve the policy of \$200 per day maximum be paid to any member of CMA for a full day away from practice while covering special assignment projects upon authorization from the Finance Committee.*

Doctor Kay also presented recommendations concerning the amount of honorarium per day to be incorporated in the contract with the State Department of Public Health for services of CMA Medical Staff Survey Teams.

ACTION: *Voted to authorize an honorarium of \$100 per day (over and above the per diem allowance of \$65 for travel expense and \$18 maximum for room and board allowed by the state) to be paid to CMA members serving on a contractual basis in conducting medical staff surveys for the State Department of Public Health.*

Another recommendation of the Finance Committee was that the Group Life Insurance Program provided for CMA Staff be modified so that the coverage would extend beyond age 65 for eligible persons. With the extension, coverage would be reduced each year after the employee reaches age 65 until it reached 50 per cent, where it would remain constant. Doctor Kay said that the additional cost to CMA would be about \$1,000 per retired employee per year.

ACTION: *Voted to approve the extension of life insurance coverage for CMA employees after they reach age 65.*

As a final recommendation, the Finance Committee asked Council approval to increase the annual contribution to the California State Chamber of Commerce from \$1,500 to \$2,000 per year.

ACTION: *Voted to approve the increased yearly contribution to the California State Chamber of Commerce.*

In conjunction with the Finance Committee report, two documents were distributed to the Council—one showing the growth of the CMA from 1948 to 1967; the other, a financial statement for the CMA and its Board of Trustees.

21. Commission on Community Health Services

Outgoing Chairman Harold Kay recommended on behalf of the Commission that the Council endorse a required performance evaluation program for clinical laboratories as an effective means for

clinical laboratory improvement. Doctor Kay said that such a required performance evaluation program was proposed by the California Society of Pathologists and that the Division on Laboratories of the State Department of Public Health has had the authority to implement such a program (Section 1226, Business and Professions Code) since 1939. After lengthy discussion, which included a presentation by Mr. Miles Snyder, executive secretary of the California Society of Pathologists, the Council made the following decisions:

ACTION: *Voted to commend the California Society of Pathologists and other specialty organizations for their efforts conducted on a voluntary basis to improve continuously the quality of medical care and to encourage these organizations to continue and expand their voluntary actions.*

ACTION: *Voted to request the Council chairman to charge an appropriate committee of the Council to bring to the 30 September meeting an evaluation of this question relative to potential interference in the area of clinical laboratory practice of medicine by a state agency through a mechanism developed under the Medicare program.*

Doctor Kay also reported on a recent meeting with representatives of the two dental associations in the state on the subject of fluoridation. He said that a state-wide fluoridation campaign was being considered and the CMA had been asked to express its willingness to participate in such an effort. Although he did not ask for approval of a specified CMA monetary contribution to the campaign, Doctor Kay stated that the Council should realize that it would probably entail an allocation of \$15,000 to \$25,000 by the CMA if the campaign were carried out as planned.

ACTION: *Voted to proceed with plans to participate in the state-wide fluoridation campaign.*

Doctor Kay reminded the Council about two upcoming CMA-sponsored meetings: a Conference on Emergency Medical Services and Disaster Preparedness (7 October, San Francisco) and a Conference on Health Manpower Distribution in Rural California (14 October, Los Angeles).

As a final item, Doctor Kay suggested that the CMA appoint a representative to the Advisory Committee to the State Department of Public Health, Division of Laboratories (regarding Laboratory Performance Evaluation Program).

ACTION: *Voted to appoint an official CMA representative to the Advisory Committee on Performance Evaluation Programs of the Division of Laboratories, State Department of Public Health.*

ACTION: *Voted to appoint James Yant, M.D., as CMA representative on the advisory committee.*

Doctor Kay expressed his gratitude for having had the opportunity to serve as chairman of the Commission. On behalf of the Council, Chairman Miller thanked Doctor Kay for his contributions while chairman of the Commission on Community Health Services.

22. Commission on Allied Health Professions and Services

Chairman Frank Melone reported that the Health Manpower Council had met on 2 August and had elected the following officers to form its Executive Committee: Chairman, Mr. Richard Highsmith; vice chairman, Mrs. Talcott Bates; secretary, Doctor Albert Clug; treasurer, Doctor Harold Kay; member-at-large, Mr. James T. Adair. He said that the Health Manpower Council now is seeking an executive director.

On behalf of the Committee on Allied Health Personnel and the Commission on Allied Health Professions and Services, Doctor Melone offered a statement on "Utilization of Allied Health Personnel Directly Associated with Patient Care" for Council consideration. Doctor Melone pointed out that the statement had been developed to remind physicians not to use or permit members of the health team to perform tasks beyond the limits of their license and/or certification.

ACTION: *Voted to approve the statement on "Utilization of Allied Health Personnel Directly Associated with Patient Care" (appended).*

23. Meeting with California Committee of the Health Insurance Council

Doctor Arthur Howard briefly reported on a meeting of the Commission on Medical Services and the Committee on Insurance and Prepayment with the California Committee of the Health Insurance Council.

Among subjects discussed at the meeting, Doctor Howard said, was the lack of a standardized definition and application of an existing illness clause in medical care insurance. Insurance representatives agreed to submit the problem to the Inter-Company Medical Directors Committee for re-evaluation of underwriting principles, with the suggestion that the assigned risk pool approach be included in the re-evaluation. Doctor Howard said that it was the consensus that California Blue Shield should be encouraged to experiment with

the assigned risk pool concept for individual or small group coverage, to obtain statistics which could be used by the insurance industry.

Doctor Howard said that the group also discussed House of Delegates Resolution No. 60-67, requesting that the health insurance industry be encouraged to develop programs to provide payments for diagnostic procedures on an out-patient basis. Insurance representatives agreed to refer this request to the Inter-Company Medical Directors Committee for reappraisal.

Regarding House of Delegates Resolution No. 65-67 (requesting that a standard reporting form for private and government third party payment programs be designed), Doctor Howard stated that both the National Health Insurance Council and the AMA have been working for some time on developing a new standardized claim form to be used for computer billing services. A proposed form has been approved by the Health Insurance Council and is now in the hands of the AMA Commission on Medical Services.

24. Committee on Fees

On behalf of the Committee on Fees, Chairman William H. Thompson reported that the Committee is in the process of an extensive revision of the *Relative Value Studies* (no extensive survey of the relativity of unit values having been made since 1958-59). Doctor Thompson said that a mass of computer data on standard (non-government) programs employing usual and customary fees was now available through California Blue Shield and that CMA's actuarial consultant had assured the committee that this data is statistically valid and would provide a much broader basis for assigning unit values than has been available in the past. Doctor Thompson requested authorization for an expenditure of an estimated \$26,000 to pay for the costs of programming and computer time as well as actuarial consultation.

ACTION: *Voted to authorize the Committee on Fees to expend \$26,000 for an extensive revision of the Relative Value Studies.*

Chairman Thompson and Councilor Pheasant presented a second request—for authorization to aid AMA in developing its revised *Current Procedural Terminology* by providing tentative revisions of sections of the *Relative Value Studies* as they are completed and at the discretion of the committee.

ACTION: Voted to authorize the Committee on Fees to provide AMA with tentative revisions of sections of the Relative Value Studies as they are completed (at the discretion of the committee).

25. Report of Legal Counsel

Legal Counsel Howard Hassard first reported on the possible effects on CMA of a proposed federal income tax on revenue from advertising and convention exhibits of tax-exempt organizations. He stated that public hearings on this subject were held in Washington, D.C. late in July and that the Internal Revenue Service now has it under advisement. He reported that the independent accounting firm retained by CMA had been asked to determine the effect on the Association if such taxes were imposed. It was determined that if a tax were imposed on advertising in *California Medicine*, the effect would not be great. If exhibits at CMA's Annual Session were taxed, however, the effect would be substantial. Mr. Hassard concluded this section of his report by saying that the effect on the dues-paying member physician would be felt much more insofar as AMA is concerned. The AMA currently receives well over half of its income from advertising in its official journal.

On the subject of osteopathy, Mr. Hassard reported that a member of the State Legislature had recently asked the Attorney General for an opinion on whether it is somehow unconstitutional for California not to have a licensing provision for osteopaths. CMA's legal counsel was, in turn, asked for its opinion, which was presented to the Attorney General in the form of an extensive brief pointing out that the state has the power to license or not to license in the health field and that the absence of licensure requirements for osteopathy does not violate any constitutional guarantees. Mr. Hassard pointed to this as an example of the continuing pressure concerning reinstatement of osteopathy in California.

Mr. Hassard drew the attention of the Council to AMA's recent Statement on Professional Courtesy.

The last subject covered by Legal Counsel Hassard was the mounting problem of professional liability insurance for physicians. He cited several recent cases in Southern California which showed that the sums being awarded in malpractice cases are mushrooming—thus making the outlook regarding availability of malpractice insurance dimmer. Mr. Hassard pointed out that at least two

legislative interim studies on the problems of malpractice are under way.

26. California Health Data Corporation

Doctor James C. MacLaggan, chairman of the Commission on Hospital Affairs, presented a brief report on progress regarding the California Health Data Corporation, stating that the incorporation papers and bylaws (approved by the CMA Council, 27 May 1967) had been finalized. At the recent meeting, attended by representatives of CMA, the California Hospital Association and the State Department of Public Health, a subcommittee was established to delineate further the role of the California Health Data Corporation, particularly regarding its relationships with other health data gathering organizations.

27. Committee on Legislation

Chairman Dan Kilroy presented a report on legislative activity since the last meeting of the Council, pointing out that the 1967 Session of the Legislature had adjourned 7 August, after 219 days of continuous session. He said that the Committee on Legislation would furnish the Council with a complete analysis of the 1967 Legislature following the "Veto Session" to be held the week of 4 September. Doctor Kilroy called on Mr. Ben Read, who discussed the special election held in San Francisco at which Judge Milton Marks was elected to fill the position formerly held by Senator Eugene McAteer. Mr. Paul Brown was asked to comment on Senate Bill 1065.

28. Medical Executives Conference

Mr. Eldon Geisert, chairman of the Medical Executives Conference, recommended to the Council that a meeting be held as soon as possible to provide an opportunity for CMA executive secretaries and California Blue Shield to discuss new ways to promote cooperation and communication.

ACTION: Voted to approve the meeting with executive secretaries and California Blue Shield.

29. Position Paper on Drug Abuse

Doctor William Quinn recommended to the Council that it approve as CMA policy a position paper on drug abuse, developed in cooperation with, and at the suggestion of, the Medical Executives Conference.

ACTION: Voted to approve the position paper on drug abuse (published in October issue of California Medicine).

30. *Committee on Organizational Review and Planning*

Chairman Jean Crum summarized discussion on a variety of subjects which had been considered at the 4 August 1967 meeting of the Committee on Organizational Review and Planning. Councilor Crum said that a written summary of the discussion would be distributed to the Council in advance of its next meeting. On behalf of the committee, Doctor Crum recommended to the Council that the *function* of the recently disbanded Committee on Scientific Information be continued in cooperation with the Executive Committee of the Scientific Board, which would designate individuals qualified to make responses to scientific questions in specific areas—on request. Councilor Crum pointed out that Scientific Board Chairman William P. Longmire, Jr., had attended the committee meeting during which this method of continuing the function was formulated.

ACTION: *Voted to approve continuing the function of the Committee on Scientific Information in cooperation with the Executive Committee of the Scientific Board.*

31. *August 29 Meeting on Utilization Review*

Immediate Past President MacLaggan directed the attention of the Council to the written materials in the Council notebooks previewing the 29 August meeting on Utilization Review, sponsored by the U.S. Department of Health, Education and Welfare. He also asked that the Council authorize Councilor William Kaiser to attend the meeting with him.

ACTION: *Voted to authorize Doctor William Kaiser to attend the 29 August HEW meeting on Utilization Review.*

32. *Staff Report*

Executive Director Robert L. Thomas briefly commented on steps that were being taken to define more clearly areas of responsibility within the CMA staff, and said that he hoped to be able to present to the Council at its next meeting a fairly detailed table of staff organization.

Mr. Thomas also discussed the recent administrative survey of Sonoma County Medical Society that had been conducted at the request of the society. The survey team was composed of Mr. Thomas (chairman), Mr. Lytton Hetland, and three county society executive secretaries. The resulting report was well received. Two other

component societies—Marin and Santa Barbara—have requested similar surveys. Mr. Thomas said that he felt this was a valuable service which he was pleased to see CMA provide.

33. *Membership*

Fifteen applicants were voted election to Associate Membership. These were Erich K. Die- mand, Kathleen Anne Malloy, James M. Poynter, Harry Saul Weinstein, Alameda-Contra Costa County; John R. Marron, Monterey County; Armine K. Meghrouni, Orange County; Harold L. Snow, Ralph E. Yost, San Mateo County; Harvey N. Blume, Lois Lowden, Santa Clara County; Edwin Robert Geiger, Jr., Tulare County.

Five members were voted election to Retired Membership. These were: Benjamin H. Pratt, Kings County; John M. Wakefield, Sacramento County; Donald A. Carson, Otto Guttentag, San Francisco County; Vernon Van Zandt, Tulare County.

Reduction of dues was voted for nine members for reasons of prolonged illness or postgraduate education.

34. *Roll Call*

Present were President Morrison, President-Elect Todd, Speaker Quinn, Vice-Speaker Boyle, Secretary Weyrauch, and Councilors Moore, Melone, Eastman, Woolington, Gooel, Pheasant, Bullock, O'Connor, Shapiro, Rogers, Crum, Watson, Maguire, Burnett, Miller, Watts, Fenlon, Kay, Kaiser, Rose, Yant, Grunigen and Immediate Past President MacLaggan.

Present by invitation were CMA staff members Becker, Borgfeldt, Bowman, E. Collins, Curley, Eberlein, Edwards, Goldman, Griffith, Hetland, Klutch, Lemos, Miller, Price, Redfern, Thomas and Whelan; Messrs. Hassard, Huber and Willett, Legal Counsel; Component Society Executives Scheuber of Alameda-Contra Costa, Garrick of Forty First, Lingerfelt of Fresno, Geisert of Kern, Brock of Imperial, Baker of Los Angeles, Sower of Marin, Searcy of Napa, Bannister of Orange, Walters of Riverside, Dochterman of Sacramento, Donmyer of San Bernardino, Nute of San Diego, Thompson of San Joaquin, Wood of San Mateo, Marvin of Santa Barbara, Donovan of Santa Clara, Funk of Solano, Brown of Sonoma and Whitehall of Stanislaus; Messrs. Babb, Clark, Heller and Koch of California Blue Shield; Messrs. Read, Brown and McWilliams of the Public Health

League; Doctors Tupper and Stowell of UC Medical School at Davis; Messrs. Williams, Shumway, Fugina, Stewart and Barnes of the Health and Welfare Agency; Doctor Combs of the State Board of Medical Examiners; Doctor Bost of the State Department of Public Health; Doctor Lowry of the State Department of Mental Hygiene; Doctor Skelly of the State Department of Social Welfare; Doctor Young of the State Department of Rehabilitation; Doctor Radl of the State Department of Employment; Doctor Smith of the U.S. Public Health Service; Mr. Saunders of the Bureau of Health Insurance, Social Security Administration; Mr. Ward of the California Committee on Regional Medical Programs; Mr. Snyder of the California Society of Pathologists; Mr. Gould of the AMA; Mrs. Hancock of the California Nurses' Association; Miss Goldman of the California Medical Assistants Association; Doctors Carl Anderson, R. L. Anderson, Ardell, Clark, Daily, Davis, DeWitte, Elston, Garrett, Gibbons, Holm, Hoskins, Howard, Kilroy, Martin, Morozumi, Schor, Silver, Steinberg, Taugher, Thompson, Wayburn and others.

35. *Adjournment*

The meeting was adjourned on Saturday 26 August at 4:40 p.m.

ALBERT G. MILLER, M.D., *Chairman*
HELEN B. WEYRAUCH, M.D., *Secretary*

Appendix A

Statement on the Rationale and Criteria for Acceptance of Funds by the California Medical Education and Research Foundation

John G. Morrison, M.D., President

The California Medical Education and Research Foundation is a nonprofit, tax-exempt educational and research organization which receives and disburses funds for the purposes of (1) encouraging needed support for medical education and (2) for research into a broad spectrum of social and economic aspects of health care. Both of these broad areas of activity are carried out in the public and professional interest.

The existence of the Foundation reflects the complex demands of a society for ever-expanding health care services and for the application of the products of new medical technology and new scientific discoveries on behalf of the public. The

application and dissemination of such information, as well as the organized quest for a variety of other data and information, frequently involves the expenditures of substantial amounts of money.

Ideally, and whenever feasible, when the medical profession requires large sums of money to support or engage in activities which will aid it in achieving its dual objectives, such funds should be obtained through its own resources. However, occasions do arise when other private resources or public tax funds are the only ones readily available for such purposes. It is, therefore, the policy of the Board of Directors of the California Medical Education and Research Foundation to accept funds from whatever sources it deems most advisable to enable the Foundation to fulfill its stated purposes. Each project or activity for which funds would be sought would be considered on its individual merits.

With respect to Federal public tax funds, it is the policy of the California Medical Education and Research Foundation to apply for, or accept, funds which might not otherwise be easily or readily available from private sources, for programs, projects and activities which, in its considered judgment or that of the California Medical Association Council or that of the House of Delegates:

1. Are considered to be of immediate or long-range concern to the health interests of society, and which
2. Will enable the Foundation to achieve its timely educational and professional objectives.

Approved by the CMA Council 26 August 1967.

Appendix B

Statement on Utilization of Allied Health Personnel Directly Associated with Patient Care

In practicing his profession, the true professional develops skills by learning from those who have had more training and experience. It is only natural that the utilization of these additional skills be exploited so that increased efficiency can be obtained in patient care. Within the concept of rendering care to victims of illnesses or accidents, each of the members of the "health team" has specific duties, abilities and talents. Limitations of care that might be rendered by one or another of the "team" are primarily imposed by law and secondarily imposed by certification, by ability, and by level of training. It is in the best interest of the patient that the best skills of all the health care personnel available be utilized to the fullest.

The people of California have, through the Legislature, established the limits to which they will permit those engaged in patient care to practice their vocation. Legal limitations placed on the personnel involved in patient care preclude utilization of on-the-job training as a substitute for formal education and experience.

To this end, the officers and councilors of the California Medical Association remind all licensed

practitioners of medicine in the State of California to be alert to legal limitations imposed on them and other personnel in the health care field. All members of the "health team" should be utilized to their fullest capacity but they should not be asked to extend themselves beyond the limits of their qualifications, license or certification.

Approved by the CMA Council 26 August 1967.

Constitutional Amendments

FOR ACTION IN 1968

One constitutional amendment was introduced in the 1967 House of Delegates and, under the terms of the Constitution, must lie on the table until the next regular meeting of the House of Delegates.

This proposed amendment is shown here for the information of the membership. In addition, the proposed Constitutional amendment is required to be printed in two issues of CALIFORNIA MEDICINE before it comes before the House of Delegates for action.

CONSTITUTIONAL AMENDMENT NO. 1-67

Woman's Auxiliary; Article I, Sec. 6

Introduced by: Council

Resolved: That a new Section 6 be added to Article I, as follows:

"Section 6.—Woman's Auxiliary to the California Medical Association.

"In addition to the organizational structure previously set forth in this Article, this Association may charter a Woman's Auxiliary to the California Medical Association, and components there-

to, which shall be considered an integral part of the Association but which shall conduct its own organization and business separate and distinct from the Association and its Societies, subject to the following requirements:

"a. The name of the Auxiliary shall be 'Woman's Auxiliary to the California Medical Association,' (hereinafter referred to as Auxiliary);

"b. The purpose of the Auxiliary shall be to promote the science and art of medicine, the protection of public health and the betterment of the medical profession, and to promote similar interests of its component Auxiliaries;

"c. The Auxiliary shall be composed of the component Auxiliaries and their members;

"d. Component Auxiliaries shall include all women's auxiliaries to component Medical Societies of the California Medical Association heretofore or hereafter chartered by this Association;

"e. Charters to component Auxiliaries shall be granted and revoked by the Association as it may provide; provided that no charter issued by the Association, nor any action of the Association in issuing or revoking such charters, shall conflict with the purposes and principles of this Association as set forth in its Constitution and Bylaws."

